Tech Invs (\$

Weekend (\$

TOTAL

Report Format:

Lump Sum / I.B.I: (S

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Actual Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission 14/10/2024 11:27 (SGT) Reported by **Actual Driver** Date of Accident 12/10/2024 13:55 (SGT) **Exact Location of Accident** Singapore Additional Location Information PIE TOWARDS CHANGI, 1ST LANE NEAR LAMP POST 770 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Lexus

Vehicle Registration Number **SLA8339Z**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN GEOK CHOO NRIC No SXXXX227A **Email Address** ANNATAN@KEMMS.COM.SG Mobile Phone No (Phone) +65-96334426 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

LS200T Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2000 Vehicle Fuel Petrol First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd Policy Number / Cover Note Number M0037407

DRIVER

Name of Driver TAN YAT HONG NRIC No SXXXX093J Date Of Birth 28/01/1982 Occupation Indoor Driving Pass Date 27/04/2007 Driving License Pass Class Driving License Validity Valid Driving experience 17 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-98762263 Alt. Phone Number Email Address PHALANX_7@YAHOO.COM Address BLK 163 LORONG 1 TOA PAYOH 10-1022 SINGAPORE 310163 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **NEPHEW** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLM3020L

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE FU RONG
NRIC No	SXXXX084F
Contact Number	(Phone) +65-97600381
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Etiqq Vehicl SLA83392-14/10/2024

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to appeal up the dialors process.
- 2. This Form must be completed by the Policyholder andler the Authorised Driver.
- 3. Information provided must be as truthful and accurate as passible. Any wilful misrepresentation or will holding of material facts may allow insurance companies to repudiate policy liability.
- 4. The table and acceptance of this Formby insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GtA Records Management Centre established by the General Insurance Association
- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8, Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

(a) My insurer, my, we enship and the General Insurence Association of Singapore ("GIA") maylare permitted to collect, use, disclose and/or process my personal data/personal information set out in this "form" and any other personal information syndded by me or possessed by my insurer (correctively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be obtained by the frequency for the insurers"), the insurers' law years/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of 1.

(i) processing, handling end/or dealing with my dalms including the settlement of the claims and any necessary investigations failalling to the dalms;

- (ii) lovestgeting the accident and/or my claims;
- (ii) carryleg out and/or dealing with my instructions or responding to any enquiries by me:
- (w) administering my claims (including the making of correspondence, statements, levoloss, records or notices to this, which could involve disclosure of certain personal data about me to bring about delivery of the same no west as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my daims.

(colectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers law yershaw firms, may/are pennified to collect, use, disciple and/or precess my Personal information for one or more of the above Purposes; and

(c) may Personal Information may/com be disclosed by any of the Incurers and/or GIA to their trief party service providers or agents findulating their fam years/sew firms), wition may be sited outside of Singapore, for one or more of the above Purposes.

Pokcyholder's Signature / Date & Tune

Oriver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Contre Personnel

Sketch Plan



L SLM3000L

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源摩哆廠 **GUAN MOTOR WORKS**

Business Regn. No. 08102600f.

NOT Norhaite LISing & 8900h Rehvery After Pains 19742 6003 5 day

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

	REPAIR ESTIMATE SLA8339Z
No.	Otv
	List Items 0
1	1 Rear bumper 1520.80 Bn/5M 1,640.40
2	2 Rear humner side reflector \$ \(^406.40^4\)
3	2 Rear bumper reverse sensor <i>C50</i> ,40 \$ \times 1,260.80
4	1 Rear bumper lower black spoiler \$ 206.60
5	1 set Rear bumper clips \$ New 80.00
6	2 Rear bumper side retainer \$ \(\) 438.20 \(\)
7	1 Rear bumper inner foam \$ CM 155.70
8	5 B 733 30 7
9	2 Taillamp @ 1793.80 NIS Man ols in 3,913.20 x 21
10	2 Taillamp <i>C /793-86</i> 1 Rear boot lid 2 Rear boot side lamp <i>C 956-60</i> NIS Man ols Sn 3,913.20 × 21 5 Bn 1,838.80
11	2 Rear boot side lamp @ 950.60 N/5 mg 0\$1 [-2,190.40 12]
12	1 Rear boot top centre "LEXUS" logo \$ 1 99.40 —
13	1 Rear boot LH "LEXUS" emblem \$ 4.70
14	1 Rear boot RH "IS200t" emblem \$ 110.00
15	2 Rear boot hinge \$ \mathcal{K} 621.20 \times
16	1 set Rear boot inner trim clips \$ 40.00 \(\)
17	1 Rear boot top lock \$ nu 691.90
18	1 Rear boot weatherstrip 164.905N Nd \$ Cor 329.80 \$021N
19	1 Rear end panel \$ \$ \$\mathref{A}\tau\tau_{1,249.60} \tau_{-1}
20	1 Rear end panel top garnish \$ nu 440.60
	\$ 17,241.00
	Less 10% \$ 1,724.10
	Total: \$ 15,516.90
	Special Nett Items 1 set Rear windscren sealant Na. \$. 60.00, 30/A
21	
	end Panel
4	Labour Charges for remove/refit, panel beating, cutting \$ 1,000.00 God
1	welding and replacement of damages.
2	
3	To remove, refix and reset reverse sensors. \$ 100.00 6 %
4	To check wirings & lightings. \$ 40.00 Zol
5	To putty and spray Spray Paintings charges. \$ 1,000.00 6 60/2 To remove, refix and reset reverse sensors. \$ 100.00 6 6/2 To check wirings & lightings. \$ 40.00 2 c/2 To remove, refix rear upholsery & attachments. \$ 100.00 6 6/2 To supply and apply anti rust treatment \$ 80.00 6 6/2
6	To supply and apply anti rust treatment \$ 80.00 fd
U	Total: \$ 2,320.00
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	LKK Auto Consultants hence notify Total Parts and Labour: \$ 17,896.90
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the Repairer of the following:

- To resurvey before/after/spray painting
 To display damages part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal medification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: